

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2007Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning

and ending

B Check if
applicable

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termina-
tion
- ☐ Amend-
ment
- ☐ Application
pending

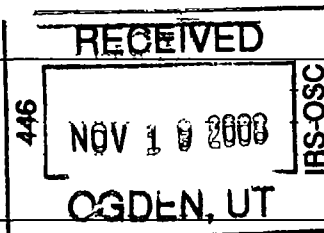
Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization**GEORGE C MARSHALL RESEARCH FOUNDATION**

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 1600

Room/suite

City or town, state or country, and ZIP + 4

LEXINGTON, VA 24450**D** Employer identification number**54-6052427****E** Telephone number**540.463.7103****F** Accounting method☐ Cash☒ Accrual☐ Other
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**G** Website: ▶ **WWW.MARSHALLFOUNDATION.ORG****J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**3,402,096.****M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****1** Contributions, gifts, grants, and similar amounts received:**a** Contributions to donor advised funds**1a****b** Direct public support (not included on line 1a)**1b****1,017,146.****c** Indirect public support (not included on line 1a)**1c****d** Government contributions (grants) (not included on line 1a)**1d****546,500.****e** Total (add lines 1a through 1d) (cash \$ **1,496,980.** noncash \$ **66,666.**)**1e****1,563,646.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****757,114.****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4****10,033.****5** Dividends and interest from securities**5****108,200.****6 a** Gross rents**SEE STATEMENT 2****6a****455.****b** Less: rental expenses**6b****c** Net rental income or (loss). Subtract line 6b from line 6a**6c****455.****7** Other investment income (describe ▶)**SEE STATEMENT 1)****7****46,052.****8 a** Gross amount from sales of assets other
than inventory**(A) Securities****(B) Other****260,022.****8a****b** Less: cost or other basis and sales expenses**162,544.****8b****c** Gain or (loss) (attach schedule)**97,478.****8c****d** Net gain or (loss). Combine line 8c, columns (A) and (B)**STMT 3****8d****97,478.****9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ **0.** of contributions reported on line 1b)**9a****619,539.****b** Less: direct expenses other than fundraising expenses**9b****270,719.****c** Net income or (loss) from special events. Subtract line 9b from line 9a**SEE STATEMENT 4****9c****348,820.****10 a** Gross sales of inventory, less returns and allowances**10a****35,141.****b** Less: cost of goods sold**10b****12,852.****c** Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a**STMT 5****10c****22,289.****11** Other revenue (from Part VII, line 103)**11****1,894.****12** Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**12****2,955,981.****13** Program services (from line 44, column (B))**13****2,014,083.****14** Management and general (from line 44, column (C))**14****320,754.****15** Fundraising (from line 44, column (D))**15****365,885.****16** Payments to affiliates (attach schedule)**16****17** Total expenses. Add lines 16 and 44, column (A)**17****2,700,722.****18** Excess or (deficit) for the year. Subtract line 17 from line 12**18****255,259.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19****10,503,381.****20** Other changes in net assets or fund balances (attach explanation)**SEE STATEMENT 6****20****266,662.****21** Net assets or fund balances at end of year. Combine lines 18, 19, and 20**21****11,025,302.**723001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

12151113 726045 065264.000

2007.06050 GEORGE C MARSHALL RESEARCH 065264_1

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>32,123</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input checked="" type="checkbox"/>			STATEMENT 8	STATEMENT 9
	32,123.	32,123.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	282,477.	25,423.	112,991.	144,063.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	54,520.	22,353.	32,167.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	905,896.	637,349.	115,757.	152,790.
27 Pension plan contributions not included on lines 25a, b, and c	53,276.	34,843.	5,751.	12,682.
28 Employee benefits not included on lines 25a - 27	128,177.	92,528.	11,122.	24,527.
29 Payroll taxes	79,010.	51,674.	8,529.	18,807.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy	220,988.	135,344.	6,624.	79,020.
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	521,194.	456,973.	7,014.	57,207.
40 Conferences, conventions, and meetings	130,067.	59,241.	9,561.	61,265.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	66,586.	58,265.	3,327.	4,994.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 7	226,408.	407,967.	7,911.	<189,470.>
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,700,722.	2,014,083.	320,754.	365,885.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A